

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Hutton et al.
 App. No : 10/007,642
 Filed : November 6, 2001
 For : BILLING MODIFIER MODULE FOR
 INTEGRATED EMERGENCY
 MEDICAL TRANSPORTATION
 DATABASE SYSTEM
 Examiner : Martin A. Gottschalk
 Art Unit : 3626

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 2, 2005

(Date)

Raimond J. Salenieks, Reg. No. 37,924

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment in 8 pages.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

| FEE CALCULATION | | | | |
|----------------------|-------------|--------------|-------------|--------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Excess Claims > 20 | 18 - 20 = 0 | 2202 (\$25) | 0 x 25 = | \$0 |
| Independent > 3 | 2 - 3 = 0 | 2201 (\$100) | 0 x 100 = | \$0 |
| Multiple Claim | 1.16(j) | 2203 (\$180) | | \$0 |
| 1 Month Extension | 1.17(a)(1) | 2251 (\$60) | | \$0 |
| 2 Month Extension | 1.17(a)(2) | 2252 (\$225) | | \$225 |
| 3 Month Extension | 1.17(a)(3) | 2253 (\$510) | | \$0 |
| TOTAL FEE DUE | | | | \$225 |

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- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$225 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Raimond J. Salenieks
Registration No. 37,924
Agent of Record
Customer No. 20,995
(619) 235-8550